

Debtor 1 Veronica Ann Jackson
 First Name Middle Name Last Name

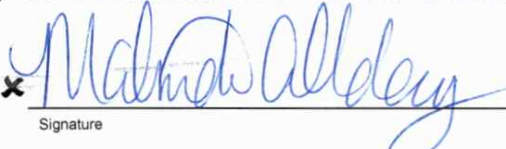
Case number (if known) 25-50122-KMS

7. Are the income amounts on lines 6a and 6e different?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	Explain why they are different and complete line 10. _____ _____		
8. Are the expense amounts on lines 6b and 6f different?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	Explain why they are different and complete line 10. _____ _____		
9. Is the net monthly income in line 6h less than 0?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	A presumption of hardship arises (unless the creditor is a credit union). Explain how the debtor will make monthly payments on the reaffirmed debt and pay other living expenses. Complete line 10. _____ _____		
10. Debtor's certification about lines 7-9 I certify that each explanation on lines 7-9 is true and correct. If any answer on lines 7-9 is Yes, the debtor must sign here. If all the answers on lines 7-9 are No, go to line 11.				
<table style="width: 100%;"> <tr> <td style="width: 30%; text-align: center;"> X _____ Signature of Debtor 1 </td> <td style="width: 30%; text-align: center;"> X _____ Signature of Debtor 2 (Spouse Only in a Joint Case) </td> </tr> </table>			X _____ Signature of Debtor 1	X _____ Signature of Debtor 2 (Spouse Only in a Joint Case)
X _____ Signature of Debtor 1	X _____ Signature of Debtor 2 (Spouse Only in a Joint Case)			
11. Did an attorney represent the debtor in negotiating the reaffirmation agreement?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.	Has the attorney executed a declaration or an affidavit to support the reaffirmation agreement? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Part 2: Sign Here

Whoever fills out this form must sign here.

I certify that the attached agreement is a true and correct copy of the reaffirmation agreement between the parties identified on this *Cover Sheet for Reaffirmation Agreement*.

X 
 Signature

Date 02/10/2025
 MM / DD / YYYY

MALINDA ALLDAY
 Printed Name

Check one:

- ☐ Debtor or Debtor's Attorney
☒ Creditor or Creditor's Attorney